

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total
Num.
Units 3

Total
Num.
Prsns. 3

TxDOT
Crash ID 18091367.1
/2021042723



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 01 / 20 / 2021 *Crash Time (24HRMM) 1 0 5 5 Case ID 3262056 Local Use

*County Name GRIMES *City Name Outside City Limit ☒

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? ☒ Yes ☐ No Latitude (decimal degrees) 3 0 . 3 5 9 1 9 Longitude (decimal degrees) 0 9 5 . 9 5 9 4 9

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH *Hwy. 105 Num. 2 Rdwy. 1 Block Num. 3 Street Prefix * Street Name 4 Street Suffix

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot ☐ Toll Road/Toll Lane Speed Limit 60 Const. Zone ☒ Yes ☐ No Workers Present ☒ Yes ☐ No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. ☐ Yes ☒ No 1 Rdwy. FM Hwy. 1748 Num. 2 Rdwy. 1 Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 814 ☒ FT ☐ MI 3 Dir. from Int. or Ref. Marker W Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc. 1 ☐ Parked Vehicle ☐ Hit and Run LP State TX LP Num. CB07216 VIN 1 F T R F 1 7 2 4 2 N C 0 8 3 9 1

Veh. Year 2 0 0 2 6. Veh. Color TAN Veh. Make FORD Veh. Model F150 7 Body Style PK ☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 02689991 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) / 1 9 6 0

Address (Street, City, State, ZIP) 19701 CEARLEY CLEVELAND, TX 77328

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	FULLEN, MARK ANTHONY	N	60	W	1	1	1	1	97	N	96		96	97	97
2	2	3	THURMAN, NICHOLAS DALE	N	31	W	1	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☒ Owner ☐ Lessee Owner/Lessee Name & Address FULLEN, MARK ANTHONY, 19701 CEARLEY CLEVELAND, TX 77328

Proof of Fin. Resp. ☒ Yes ☐ Expired ☐ No ☐ Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM INSURANCE Fin. Resp. Num. 275 9752-L05-53G 001

Fin. Resp. Phone Num. (800) 252-1932 27 Vehicle Damage Rating 1 7 - L B Q - 1 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried ☐ Yes ☒ No

Towed By Towed To

Unit Num. 2 5 Unit Desc. 6 ☐ Parked Vehicle ☐ Hit and Run LP State TX LP Num. 790042H VIN 4 4 C F S 1 6 2 1 N H 0 0 3 6 6 7

Veh. Year 1 9 9 2 6. Veh. Color BLU Veh. Make UTILITY TRAILER MFG Veh. Model UNKNOWN 7 Body Style TL ☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY) / /

Address (Street, City, State, ZIP)

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
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Fin. Resp. Phone Num. (800) 252-1932 27 Vehicle Damage Rating 1 1 1 - L D - 1 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried ☐ Yes ☒ No

Towed By Towed To

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 3262056		Crash ID 18091367.1/2021042723		Page 2 of 4																																								
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)																																					
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.																																					
	1	1	FAIL TO CONTROL SPEED						TX5XMC0JLE6E																																					
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address																																					
CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	3	29 Carrier ID Type	96	Carrier ID Num.																																		
	Carrier's Corp. Name MARK ANTHONY FULLEN				Carrier's Primary Addr. 19701 CEARLEY CLEVELAND, TX 77328						30 Veh. Type		7																																	
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6	0	5	0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	5																															
	Unit Num.	2	<input checked="" type="checkbox"/> RGWW <input type="checkbox"/> GVWR	4	5	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
	Sequence Of Events	35 Seq. 1		13		35 Seq. 2		2		35 Seq. 3		1		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles																											
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions																																			
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control																												
	1	22										2	1	97	1	1	1	17																												
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 1, towing Unit 2, was traveling west bound on SH-105. Unit 3 traveling west bound on SH-105, ahead of Unit 1. As Unit 3 was reducing speed to turn right onto a private driveway, The driver of Unit 1 failed to safely control Unit 1's speed and took evasive action to avoid colliding with Unit 3. As Unit 1 was taking evasive action towards the right turn lane of SH-105, Unit 2 struck Unit 3 in the west bound lane of SH-105. Unit's 1 and 2 jackknifed as it was crossing a private driveway and left the roadway into the west bound grass ditch of SH-105 where they came to final rest, facing north. Unit 3 also left SH-105 and crossed the private driveway and left the roadway into the west bound grass ditch of SH-105 where it came to final rest facing west.										Field Diagram - Not to Scale 																																			
INVESTIGATOR	Time Notified (24HR:MM)		1		0		5		6		How Notified		GRIMES DISPATCH		Time Arrived (24HRMM)		1		1		1		6		Report Date (MM/DD/YYYY)		0		1		/		2		0		/		2		0		2		1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) DUKE, DYLAN										ID Num. 14371																																	
	ORI Num.											*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA										H		P		2		C		0		4				

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total
Num.
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3

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*Crash Date (MM/DD/YYYY) 01 / 20 / 2021		*Crash Time (24HRMM) 1 0 5 5		Case ID 3262056		Local Use																															
*County Name GRIMES				*City Name				<input checked="" type="checkbox"/> Outside City Limit																													
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 0 . 3 5 9 1 9		Longitude — (decimal degrees) 0 9 5 . 9 5 9 4 9																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. SH		*Hwy. Num. 105		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 60		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. FM		Hwy. Num. 1748		2 Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix																							
Distance from Int. or Ref. Marker 814		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker		Street Desc.		RRX Num.																											
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State LA		LP Num. YGR679		VIN 2 G 1 U D 5 E X F 1 1 2 6 5 7 8 0																									
Veh. Year 2 0 1 5		6. Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model IMPALA		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State FL		DL/ID Num. 0165170852040		9 DL Class 98		10 CDL End. 96		11 DL Rest. 98		DOB (MM/DD/YYYY) / 1 9 8 5																									
Address (Street, City, State, ZIP) 300 BRIARCREST BRYAN, TX 77802																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		OBRIEN, DENNIS JOHN				N		35		W		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FBI, 300 BRIARCREST BRYAN, TX 77802																																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input checked="" type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name GOVERNMENT				Fin. Resp. Num.																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5 - R D - 7				27 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Towed By FBI CONTRACT WRECKER				Towed To 1 JUSTICE PARK DR HOUSTON, TX 77092																																	
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																									
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY) / /																									
Address (Street, City, State, ZIP)																																					
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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address																																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - - -				27 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																											
Towed By				Towed To																																	

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	Carrier's Corp. Name				Carrier's Primary Addr.				30 Veh. Type																																					
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type																																			
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
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	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) DUKE, DYLAN										ID Num. 14371																																	
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